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Substitute for form 1449/PTO <div style="text-align: center;"> INFORMATION DISCLOSURE STATEMENT BY APPLICANT </div> <div style="text-align: center;"> <i>(Use as many sheets as necessary)</i> </div>				Complete if Known	
				Application Number	10/708,432
				Filing Date	March 3, 2004
				First Named Inventor	Thomas Plummer
				Art Unit	1615
				Examiner Name	Caralynne E. Helm
				Attorney Docket Number	ACIZ-148-101
Sheet	2	of	2		

[illegible]

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.